

**NORTHWEST REGIONAL HIV/AIDS CARE CONSORTIUM
CASE MANAGEMENT ACUITY/NEEDS ASSESSMENT**

| CATEGORY | 3 POINTS | 2 POINTS | 1 POINT |
|----------------------|--|--|---|
| MEDICAL NEEDS | <input type="checkbox"/> Numerous or rapidly fluctuating medical needs such as: home health care, medical supplies, medication, nutritionals, medically related transportation | <input type="checkbox"/> Intermittent or rapidly fluctuating medical needs such as: home health care, medical supplies, medication, nutritionals, medically related transportation | <input type="checkbox"/> |
| | <input type="checkbox"/> Frequently misses appointments, medication, and/or treatments | <input type="checkbox"/> Occasionally misses appointments, medication, and/or treatments | <input type="checkbox"/> Monthly monitoring to ensure access to health care |
| | <input type="checkbox"/> Hospitalization in the last 30 days | <input type="checkbox"/> Active OI's | <input type="checkbox"/> Medically stable |
| | <input type="checkbox"/> AIDS Waiver Recipient | <input type="checkbox"/> Needs significant assistance with ADL's | <input type="checkbox"/> |
| | <input type="checkbox"/> Needs significant assistance with ADL's | <input type="checkbox"/> | <input type="checkbox"/> In long-term care facility; all basic medical/physical needs are met |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MENTAL HEALTH | <input type="checkbox"/> Active chaos or disruption due to violence and/or abuse | <input type="checkbox"/> Sporadic chaos or disruption due to violence and/or abuse | <input type="checkbox"/> Stable mental health |
| | <input type="checkbox"/> Death in family during the last month(s) | <input type="checkbox"/> Intermittent dementia or psychiatric problems | <input type="checkbox"/> No D&A issues |
| | <input type="checkbox"/> Acute dementia / psychiatric problems | <input type="checkbox"/> Sporadic D&A abuse | <input type="checkbox"/> No violence or abuse issues |
| | <input type="checkbox"/> Active D&A abuse, non-compliance with psychiatric medications | <input type="checkbox"/> Occasional emotional support needed | <input type="checkbox"/> Minimal emotional support needed |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Requires significant emotional support | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CATEGORY | 3 POINTS | 2 POINTS | 1 POINT |
|-----------------|---|---|--|
| LIFE MANAGEMENT | <input type="checkbox"/> Basic benefits applications are incomplete or not filed | <input type="checkbox"/> Benefits applications completed and/or pending | <input type="checkbox"/> |
| | <input type="checkbox"/> Homeless | <input type="checkbox"/> | <input type="checkbox"/> Regular school attendance and no school problems |
| | <input type="checkbox"/> Significant deficit in parenting and/or life management skills | <input type="checkbox"/> Intermediate assistance with parenting and/or life management skills needed | <input type="checkbox"/> Minimal assistance with parenting and/or life management skills |
| | <input type="checkbox"/> No income or benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Frequent school absences or problems | <input type="checkbox"/> Intermittent school absences or problems | <input type="checkbox"/> Regular school attendance and no school problems |
| | <input type="checkbox"/> Significant communication barriers | <input type="checkbox"/> Some communication barriers | <input type="checkbox"/> |
| | <input type="checkbox"/> Has no transportation | <input type="checkbox"/> Needs occasional assistance with transportation | <input type="checkbox"/> Has own transportation |
| | <input type="checkbox"/> Unaware of or in emergency need of standard legal documents (I.e. living will, directives), involvement in civil or criminal matters | <input type="checkbox"/> Wants assistance completing standard legal documents; incarcerated; recent history or current legal problems | <input type="checkbox"/> No recent or current legal problems, all pertinent legal documents complete |
| | <input type="checkbox"/> Will benefit from Food and Friends | <input type="checkbox"/> Food Bank / Nutritional Supplements sometimes used | <input type="checkbox"/> |
| | <input type="checkbox"/> Frequent financial assistance needed | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Needs assistance with budgeting | <input type="checkbox"/> | <input type="checkbox"/> |
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| CATEGORY | 3 POINTS | 2 POINTS | 1 POINT |
|---|---|---|---|
| SUPPORT SYSTEMS | <input type="checkbox"/> Absent or overburdened support system | <input type="checkbox"/> Inconsistent or not dependable support system | <input type="checkbox"/> Intact support system |
| HOUSEHOLDS WITH DEPENDENT CHILDREN (enter '0' if not applicable) | <input type="checkbox"/> Person in parental role is chronically ill; dependent children in home | <input type="checkbox"/> Presence of one or more dependent children under the age of 18 | <input type="checkbox"/> |
| AVAILABILITY TO CASE MANAGEMENT AND INVOLVEMENT IN SERVICE CARE PLANS (Only used for re-assessment) | <input type="checkbox"/> No contact in last 6 weeks (do not score any other category if this box checked) | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Frequently does not return CM calls, often misses appointments and follow-up activities, not interested in service care plan | <input type="checkbox"/> Occassionally does not return CM calls, sometimes misses appointments and follow-up activities, some investment in service care plan | <input type="checkbox"/> Usually returns CM calls, keeps appointments and follow-up activities, invested in service care plan |
| | <input type="checkbox"/> Frequently requests financial assistance | <input type="checkbox"/> | <input type="checkbox"/> |

page 3 of 3

RANGE OF TOTAL CLIENT ACUITY SCORE

1 to 9 POINTS

BASIC ADVOCACY

These cases will be reviewed as needed but at least annually

10 to 18 POINTS

MODERATE CASE MANAGEMENT

These clients will be reviewed every 6 months

19 to 25 POINTS

INTENSIVE CASE MANAGEMENT

The clients need to be reviewed every 3 months

Initial Evaluation: Using information gathered at intake, determine the client's intensity factors for Case Management to determine the Client Acuity Level.

Quarterly Re-Evaluation: Evaluations are to be redone at least once a quarter or more frequently if needed. On the worksheet, write the client's ID and estimate the number of client related interventions you have had in the last quarter (direct client contact and collateral contact only). Determine and changes in Case Management intensity

Case Manager's Signature

Date